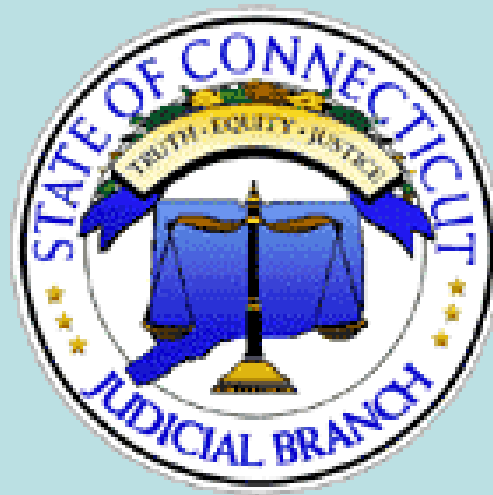


STATE OF CONNECTICUT JUDICIAL BRANCH August 2010



COURT SUPPORT SERVICES DIVISION

What Works?

- 1974 article by Martinson and associates
- Reviewed research of dozens of correctional programs
- Concluded: “In the treatment of offenders, **almost nothing works**”
- In the climate of the early 1970's, what was the effect of this article?

The “Get Tough” Era

“...the 1970’s produced a revolution in sentencing and correctional policies” that is “still being felt today.”

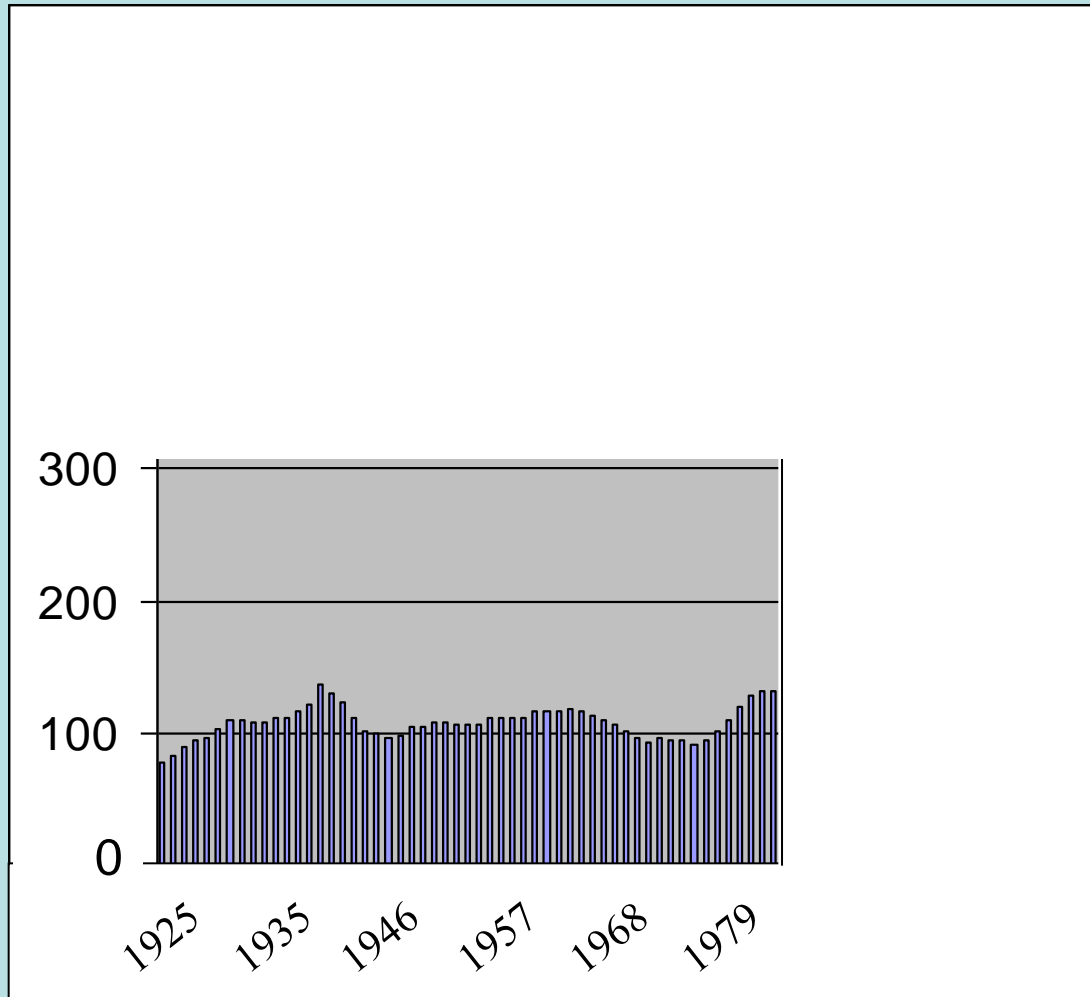
“the...system was transformed from one where rehabilitation was one of several legitimate goals” to one where “the goal that took precedence was punishment.”

Probation and Parole as Case Management:
An Evidence-Based Framework for the Future

William D. Burrell, 2008

The New Normal

U.S. Incarceration Rate 1925-2006

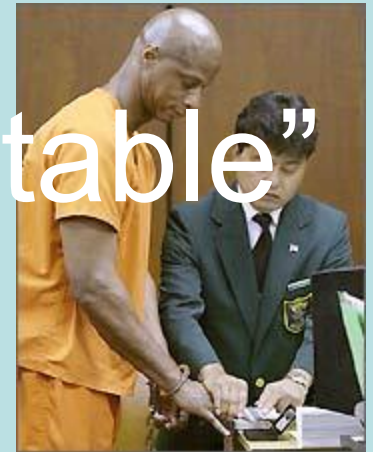


Source: U.S. Census Bureau via Bureau of Justice Statistics

Substance Abuse Treatment in the 80's in the U.S.

- Often directly confrontational
- Focus on “denial”
- Some treatment was intentionally punitive and humiliating
- Common concepts – Enabling, Tough Love, Holding them Accountable

Changes in Community Supervision



“Holding Them Accountable”

- Increase in caseloads
- Increase in “punitive” conditions
- Increase in surveillance tools and external control methods
- Emphasis on detecting and responding to “non-compliance” AKA Tail ‘em, Nail ‘em, Jail ‘em

1990's

- Violent crime rates peak in the mid 1990's, then begin to drop
- Emerging concern about prison overcrowding
- Proliferation of standard and court-ordered conditions
- Trend towards Intermediate Sanctions and new Diversionary Programs

AKA Tail 'em, Nail 'em, *but don't* Jail 'em

The Paradigm Shift: Reducing Recidivism through Evidence- Based Practices/What Works

EXERCISE

You are going to an island for four weeks. Each of you must decide to bring only two of the following:

2 Chickens



A box of matches



\$5,000 in cash



A tent



A camera



10 gallons water



suntan lotion



books



knife



hammock



EXERCISE

Why did you choose your two items?

Was there anything you wanted to know that we did not tell you?



The Paradigm Shift: Reducing Recidivism through Evidence-Based Practices/What Works

- What is What Works
 - Evidence exists that the program or intervention works
 - Effectiveness is obtained through empirical research (meta analysis)
 - It is not anecdotes, stories, **common sense** or beliefs about effectiveness
 - **Definition of common sense** (Merriam-Webster Dictionary)
 - 1 : the unreflective opinions of ordinary people
 - 2 : sound and prudent but often unsophisticated judgment

Risk Assessments

August, 2010

EIGHT PRINCIPLES FOR EFFECTIVE TREATMENT



What is Risk & Need?



RISK

4 Principles of Case Classification

(Andrews, Bonta, Hope, 1990)

1. Risk Principle

- Match level of service to risk level of client

Why Assess Risk

STUDY	RISK	MINIMAL	INTENSIVE
O'Donnell et al.	Low High	16% 78%	22% 56%
Baird et al.	Low High	3% 37%	10% 18%
Andrews and Friesen	Low High	12% 92%	29% 25%

Connecticut Results

Recidivism Rate by Risk Level (twelve months after the start of probation)

<i>Level of Risk</i>	<i>Rearrested</i>
Administrative	21%
Medium	30 %
High	46%
Sex Offender	22%
Source of Data: CSSD (cohort ending 6/09)	

NEEDS

4 Principles of Case Classification

(Andrews, Bonta, Hope, 1990)

1. Risk Principle

- Match level of service to risk level of client

2. Need Principle

- Target services to criminogenic needs of offenders

Needs of Offenders

CRIMINOGENIC

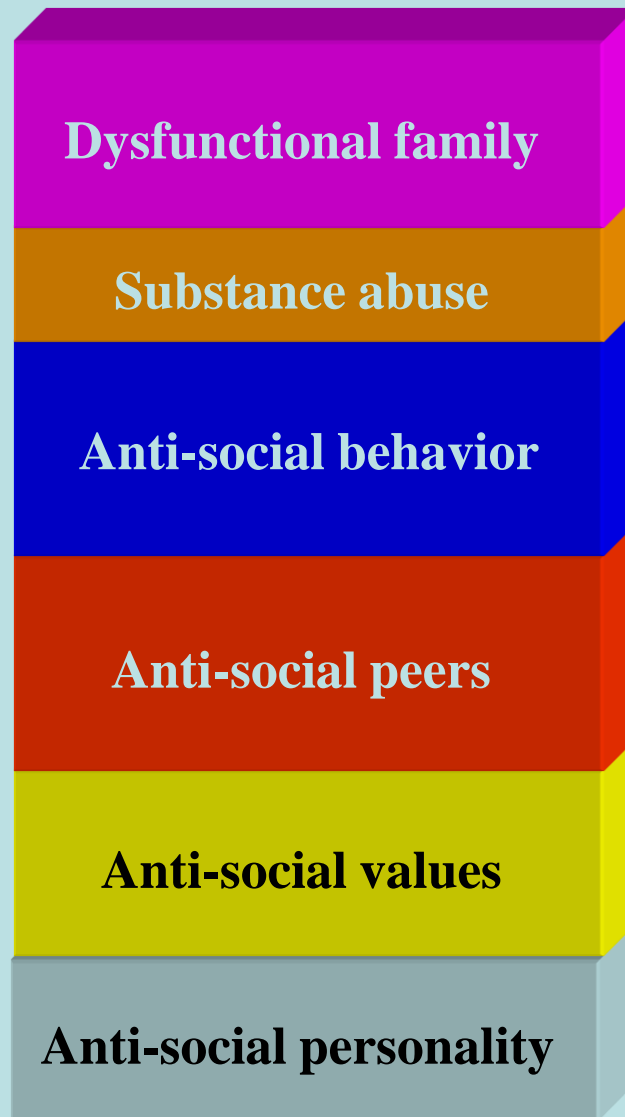
- Anti-social behavior history (low self-control)
- Anti-social personality traits
- Anti-social peers (criminal companions)
- Anti-social values
- Substance abuse
- Dysfunctional family
- Education/Employment
- Leisure/Recreation

LESS CRIMINOGENIC

- Self esteem
- Anxiety
- Neighborhood improvements
- Group cohesiveness

The “Big Eight” Criminogenic Needs

Total Risk

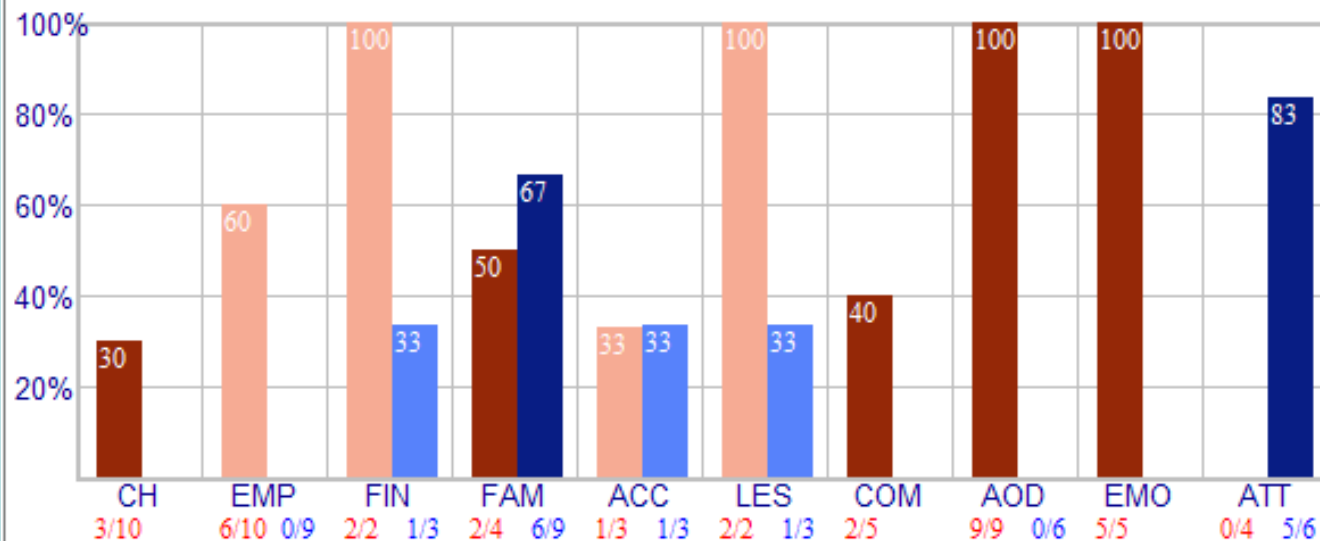


Client A



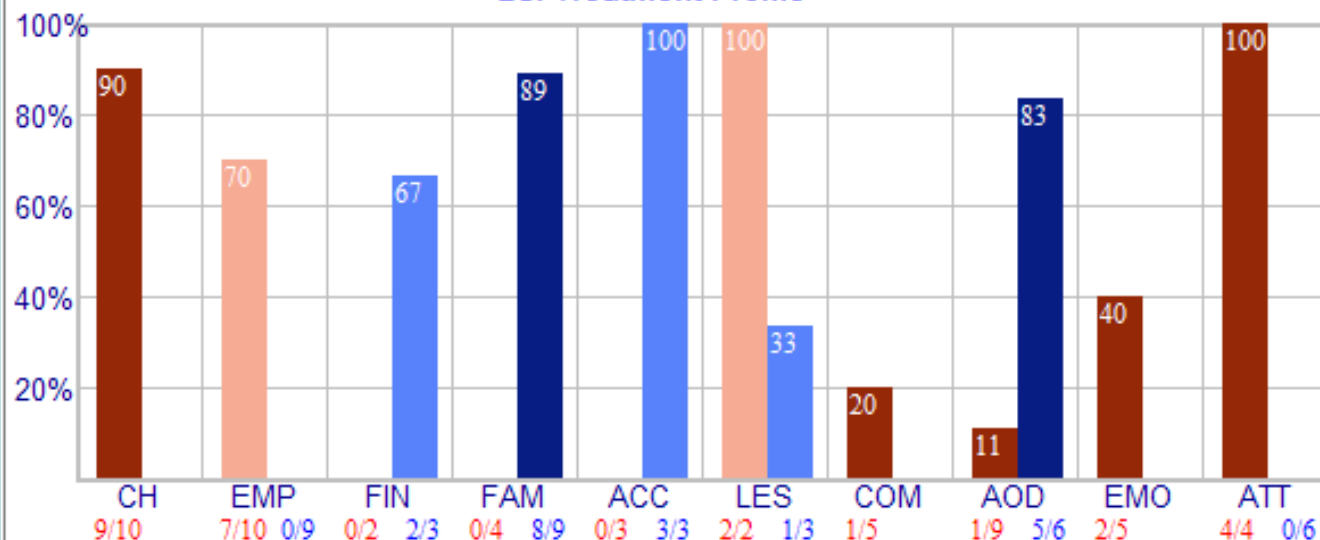
Client B

LSI Treatment Profile



TOTAL LSI SCORE = 32
PROTECTIVE SCORE = 14

LSI Treatment Profile



TOTAL LSI SCORE = 26
PROTECTIVE SCORE = 19

Responsivity

4 Principles of Case Classification

(Andrews, Bonta, Hope, 1990)

1. Risk Principle

- Match level of service to risk level of client

2. Need Principle

- Target services to criminogenic needs of offenders

3. Responsivity Principle

- Match treatment to learning styles of clients

Responsivity

- Age
- Gender
- Language
- Learning Style
- Cognitive Behavioral Therapy

LSI-R TARGETED NEED	ASSESSED RISK LEVEL	RECOMMENDED PROGRAM	PROGRAM MODEL AVAILABLE THROUGH		
Attitude / Orientation	High or Medium	Reasoning and Rehabilitation II	AIC		
Criminal History	High	Anger Management	ABH		
	Medium	Reasoning and Rehabilitation II	AIC		
Emotional / Personal	High Medium	Mental Health Services	ABH		
Family / Marital	High Medium	EXPLORE or EVOLVE (if DV case with intimate partner)	See Attached		
		Family Counseling Services	Info Line		
Companions	High Medium	Reasoning and Rehabilitation II	AIC		
		Mentoring Services	Info Line		
Leisure / Recreation	High Medium	Structured Leisure Time and Pro-social Activities	YMCA / YWCA or other local resources		
Education / Employment	High Medium	Job Services	AIC		
		Local Adult Education or GED Services	Info Line		
Alcohol / Drug	High Medium	Treatment need and level of program intensity will be determined by the attached ASUS-R Conversion Table			
	ASUS-R CONVERSION TABLE SCORE	REFERRAL SERVICE AND PROVIDER			
	1-2	Alcohol / Drug Education		ATR	
	3-6	Weekly Outpatient (TAD)		High Medium	ABH AIC
	7-10	Intensive Outpatient. The need for residential treatment will be determined by the ABH provider		ABH	

Professional Discretion

4 Principles of Case Classification

(Andrews, Bonta, Hope, 1990)

1. Risk Principle

- Match level of service to risk level of client

2. Need Principle

- Target services to criminogenic needs of offenders

3. Responsivity Principle

- Match treatment to learning styles of clients

4. Professional Discretion

- Cautious override when supported by evidence

Professional Discretion

Any good Risk Assessment
must allow for professional
discretion/override

Generally, overrides of the
assessment results should be
supported by logical argument
and reasonable evidence

54 questions / 10 subscales in LSI-R:

- Criminal History
- Education/Employment
- Financial
- Family / Marital
- Accommodation
- Leisure / Recreation
- Companions
- Alcohol / Drug Problems
- Emotional / Personal
- Attitude / Orientation

- The Levels of Service Inventory was developed by Canadian criminologists Don Andrews and James Bonta.
- It is an objective quantifiable 54 item risk/need classification instrument.
- The instrument is made up of 10 subscales that contain both “static” and “dynamic” risk factors.

Risk Factors

- Family Hx of heart disease
- Prior heart attack

This guy is at high risk for a heart attack. He can't change his static factors. What can he change?



- **Enables probation officers, program staff, and supervisors to easily track changes in a case profile over time.**
- **Provides a framework for ongoing data collection and evaluation based on validated profiles of the population served.**

When administered correctly the LSI-R provides three measures:

- **Risk** – risk to re-offend
- **Criminogenic Needs** – antisocial personality, antisocial behavior, antisocial peers, antisocial values, dysfunctional family, substance abuse
- **Protective factors** – pro-social factors/ influences that have an inverse effect to risk of recidivism

ASUS-R

ADULT

SUBSTANCE

USE

SURVEY-

REVISED

ASUS-R Overview

- Developed by Ken Wanberg, Ph.D.
- 96 item screening tool
- Not “diagnosis”
- Designed to identify whether clients have an AOD problem
- Determines the severity of the problem
- Determines client’s willingness to disclose

ASUS-R Overview (cont'd.)

- May take 15-20 minutes
- Self-administered
- May be administered by interview method
- Either way, officer must explain the purpose of the tool

What is the Value of the ASUS-R?

- The ASUS-R provides the officer with an overall prescribed level of treatment and makes case planning more efficient and effective.
- Determines whether more in-depth assessment is required
- Allows an objective comparison of the client's self-report vs. a sample group (feedback)

ASUS-R

A self-report validated assessment that provides insight into a persons' drug use, emotional state, openness, and readiness to change.

ASUS-R Primary Scales

- Drug Involvement
- Drug Disruption
- Drug Benefits
- Social Non-Conforming
- Legal Non-Conforming
- Mood Adjustment
- Defensive
- Motivation to Change

Sample ASUS-R Profile

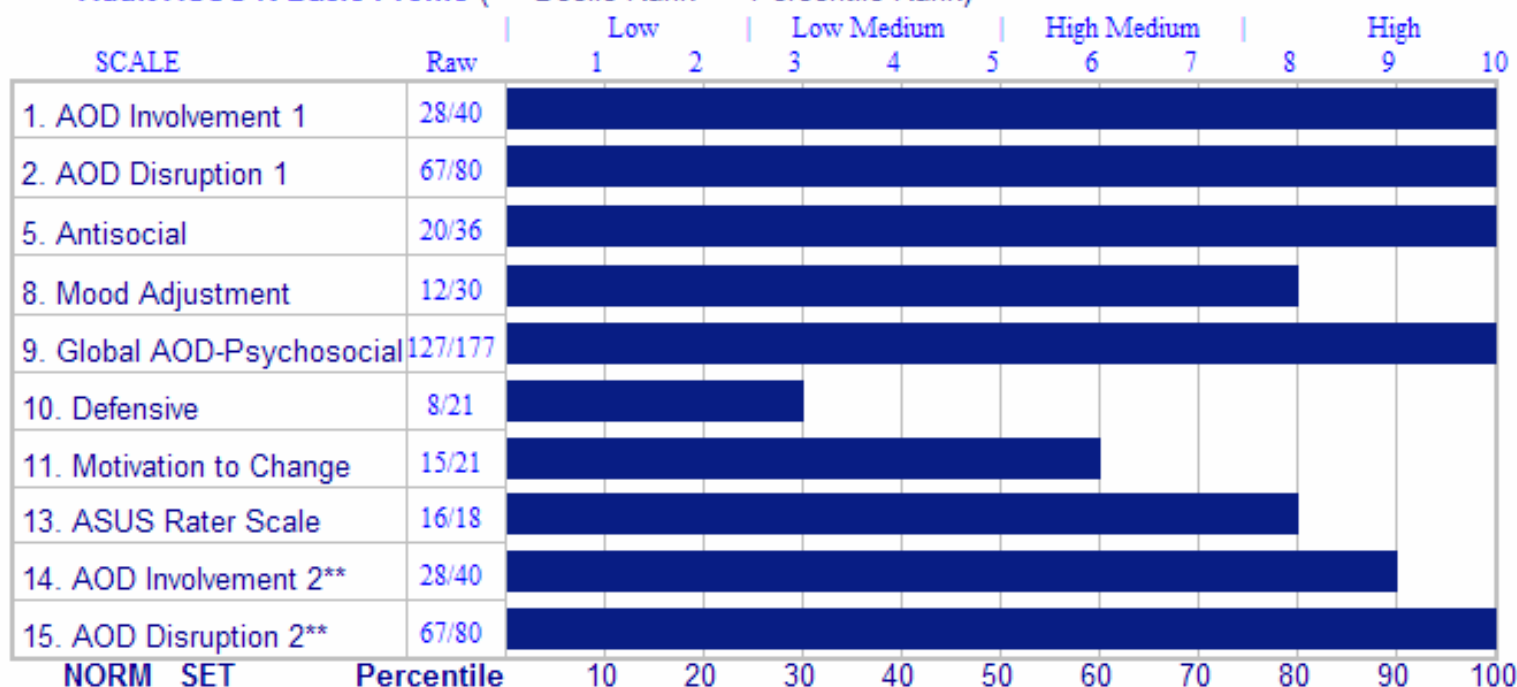
ASUS-R - ADULT SUBSTANCE USE SURVEY



BASIC PROFILE CHART

Sample Case 1

Adult ASUS-R Basic Profile (☒ Decile Rank ☐ Percentile Rank)



Normed on Probation Groups (N=4492: *N=589)

**Inpatient/IOP Norms (N=669)

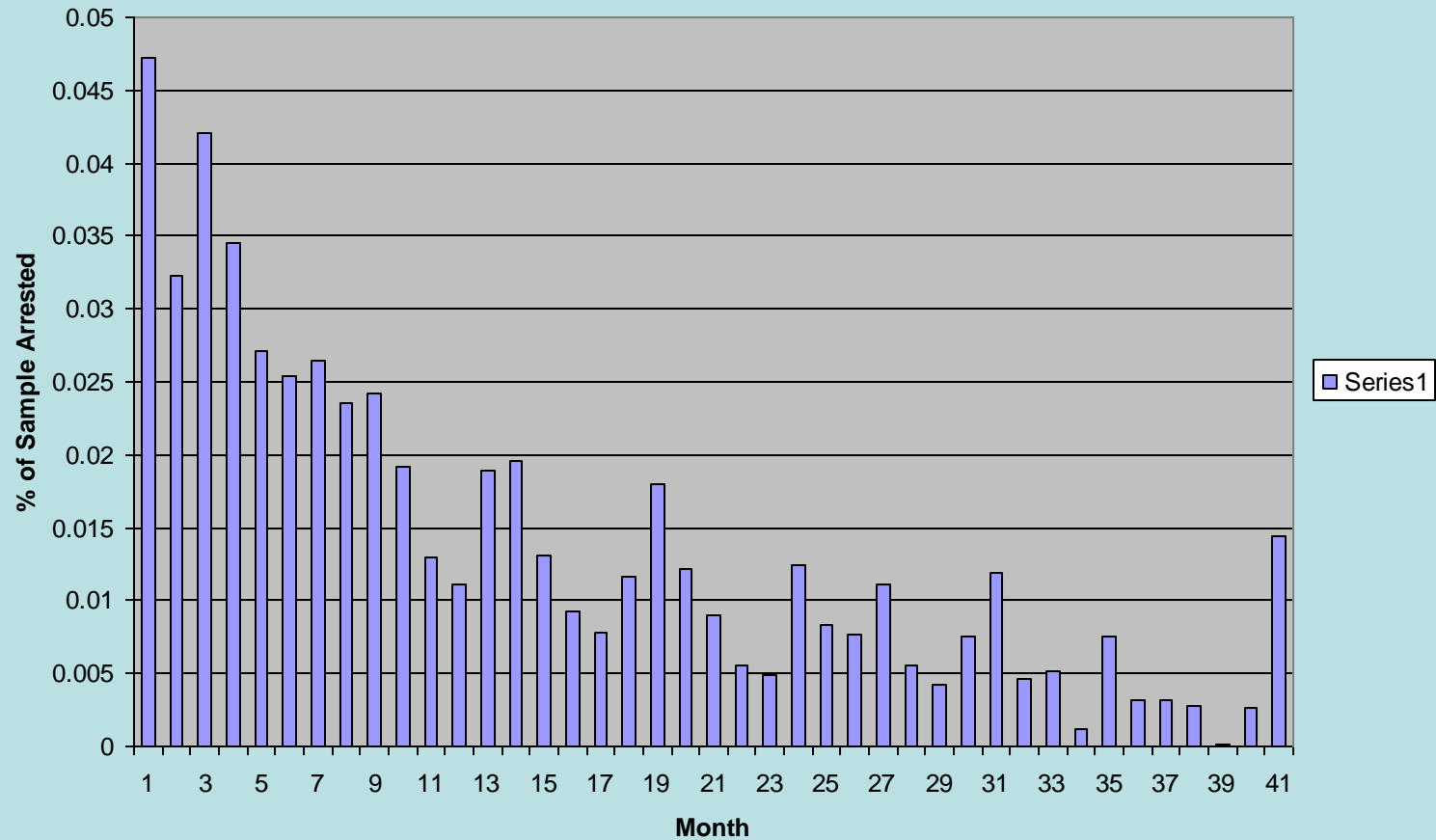


Specialized Assessments

- Domestic Violence (DVSI-R)
- Women's Program (SPIN)/ LSI-R Trailer
- Sex Offenders (Static 99, V-RAG, HARE PCL-R, RRASOR, VASOR)
- MAYSI
- What I Want to Work On...

When Does Recidivism Occur?

Recidivism by month after start date



N=1736 at start

N=632 at finish

Components of Evidence-Based Supervision

- ✓ Assess risk, needs and strengths
- ✓ Evaluate and enhance motivation to change
- ✓ Target interventions
- ✓ Target Cognitive Behavioral Therapy
- ✓ Facilitate pro-social behavior
- ✓ Assess probationer improvement and behavior change

THIS IS CASE PLANNING

SUPERVISION STANDARDS POLICY

High supervision standards

- Conduct an initial face-to-face contact with the probationer within first 10 business days
- Complete the risk assessment & case plan including initial referral for treatment services within first 25 business days.
- Have a minimum of two (2) face-to-face contacts with the probationer per month.
- Have a minimum of one (1) collateral contact per month with persons or agencies providing treatment to the probationer.

Medium

- Conduct an initial face-to-face contact with the probationer within 10 business days.
- Complete the risk assessment & case plan including the initial referral for treatment services within 25 business days.
- Have a minimum of one (1) face-to-face contact with the probationer every month.
- Have a minimum of one (1) collateral contact per month with the person or agencies providing treatment to the probationer.

RESEARCH FINDINGS

- **Recidivism can be predicted.**
- **Risk factors for reoffending can be identified.**
- **Recidivism can be reduced.**